

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 6152F07  
APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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50				/		/
TOTAL IND.	3		1			
TOTAL DEP.	30		17			
TOTAL CLAIMS	32		18			

  

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99								
100								
TOTAL IND.				0				
TOTAL DEP.				3				
TOTAL CLAIMS				3				

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